

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
FOR CORONER

Arthur John Andrew's

Town

County

Died at Mr. Gross

MARYLAND

Date of death 190 March 21 Age 59 Months 5 Days 18

Sex Male

Color or Race

White

Birth-place

24

Occupation

Former

Where Residing if not
at place of death

Mr. Gross

Married, Single
or Widowed

Married

Name of Wife or
Husband

Kate Justin

Father's
Name

Stephen Andrews

Father's
Birthplace

Ms

Mother's
Maiden Name

Morgan at Andrews

Mother's
Birthplace

Ms

Name of person giving
Information

Kate Andrews

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Paralysis

66

v

How long

4

hours

Immediate

Heart failure

How long

—

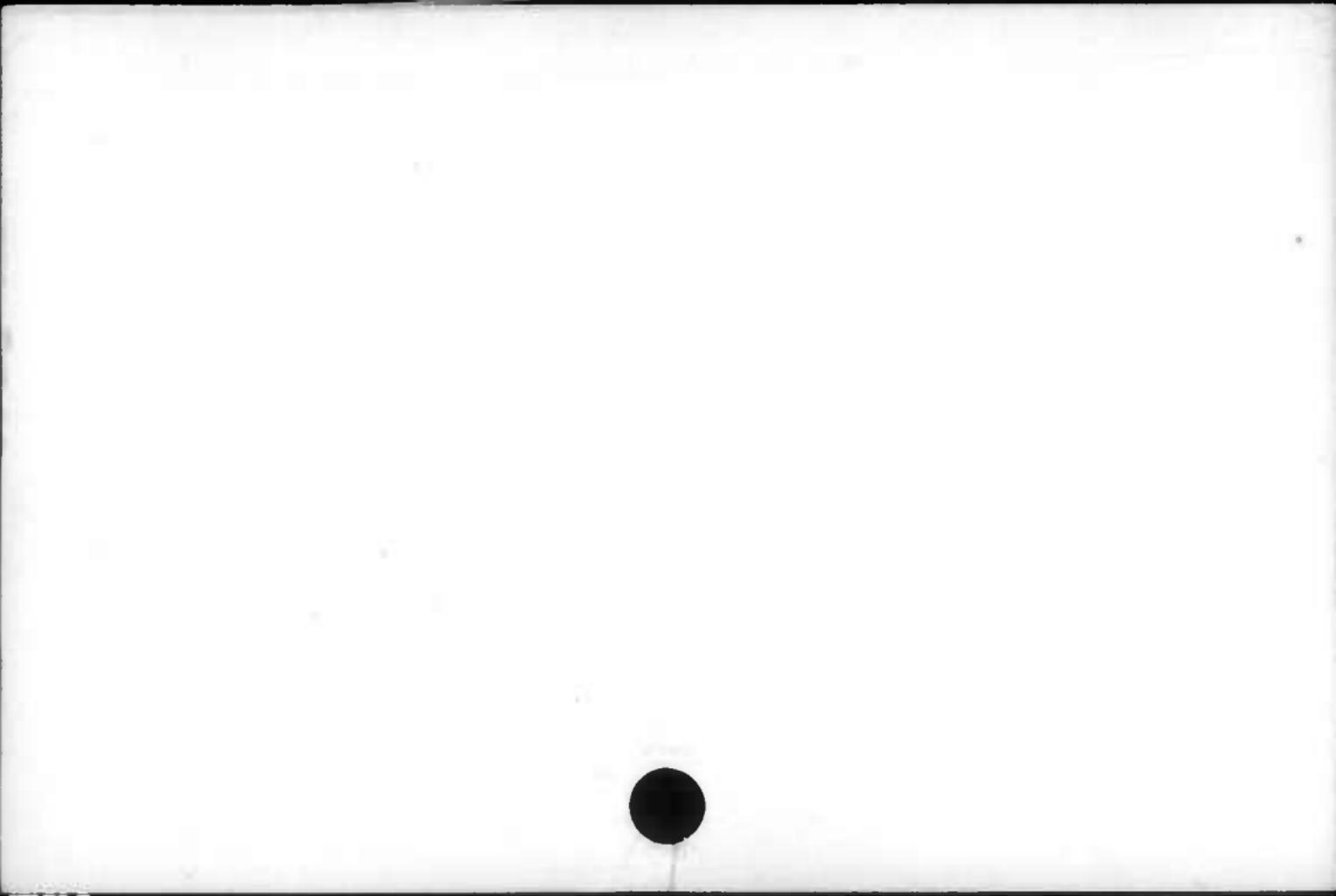
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Edgar Wood Birrell
Preston, Md.

Accident or Suicide



Name
in
Full

Henry Edward Bridgeman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Town

County

Preston

Caroline

Date
of death

1900

Month

March

Day

18

Years

27

Months

7

Days

10

Age

Age

Sex

Male

Color or
Race

White

Birth-
place

Md

Occupation

Form Lab

Where Residing if not
at place of death

Preston

Married, Single
or Widowed

Singly

Name of Wife or
Husband

Not any

Father's
Birthplace

My

Father's
Name

John Bridgeman

Mother's
Maiden Name

Mary Schoader

Mother's
Birthplace

Hi

Name of person giving
Information

John Bridgeman

How related
to deceased

Father

CAUSES OF DEATH

Primary

Measles, Labor Pneumonia

6

V

How long

10 days - 7 days

How long

?

Immediate

Henry J. Raymond

Signature of
Physician

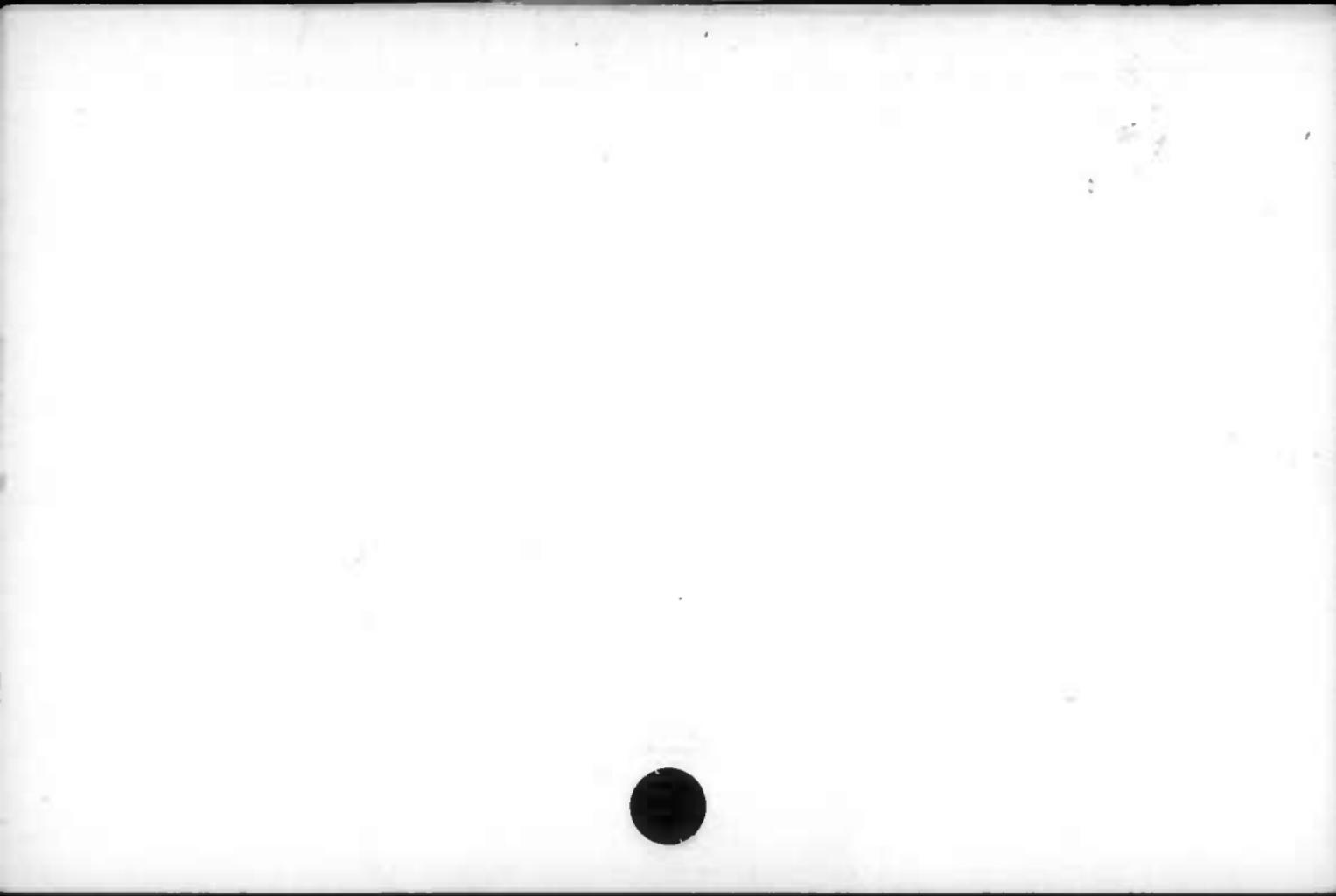
Address

John Raymond Down
Preston

PHYSICIAN
OR CORONER

Accident or Suicide





Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Sarah J. Clause -

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

County

Greensboro

Carroll

Date
of death

Month

Day

Years

Months

Days

1900 Mar 13.

Age 68

Sex

Female

Color or
Race

White

Birth-
place

Md,

Occupation

Housewife

Where Residing if not
at place of death

Married, Single
or Widowed

Widow

Name of Wife or
Husband

Andrew Clause -

Father's
Name

Thomas Thomas

Father's
Birthplace

Baltimore

Mother's
Maiden Name

Rebecca Glandung

Mother's
Birthplace

Baltimore

Name of person giving
Information

John T. Clark

How related
to deceased

Son

CAUSES OF DEATH

Primary

Cancer of Mouth -

How long

2 yrs

Immediate

Cancer -

How long

3 days -

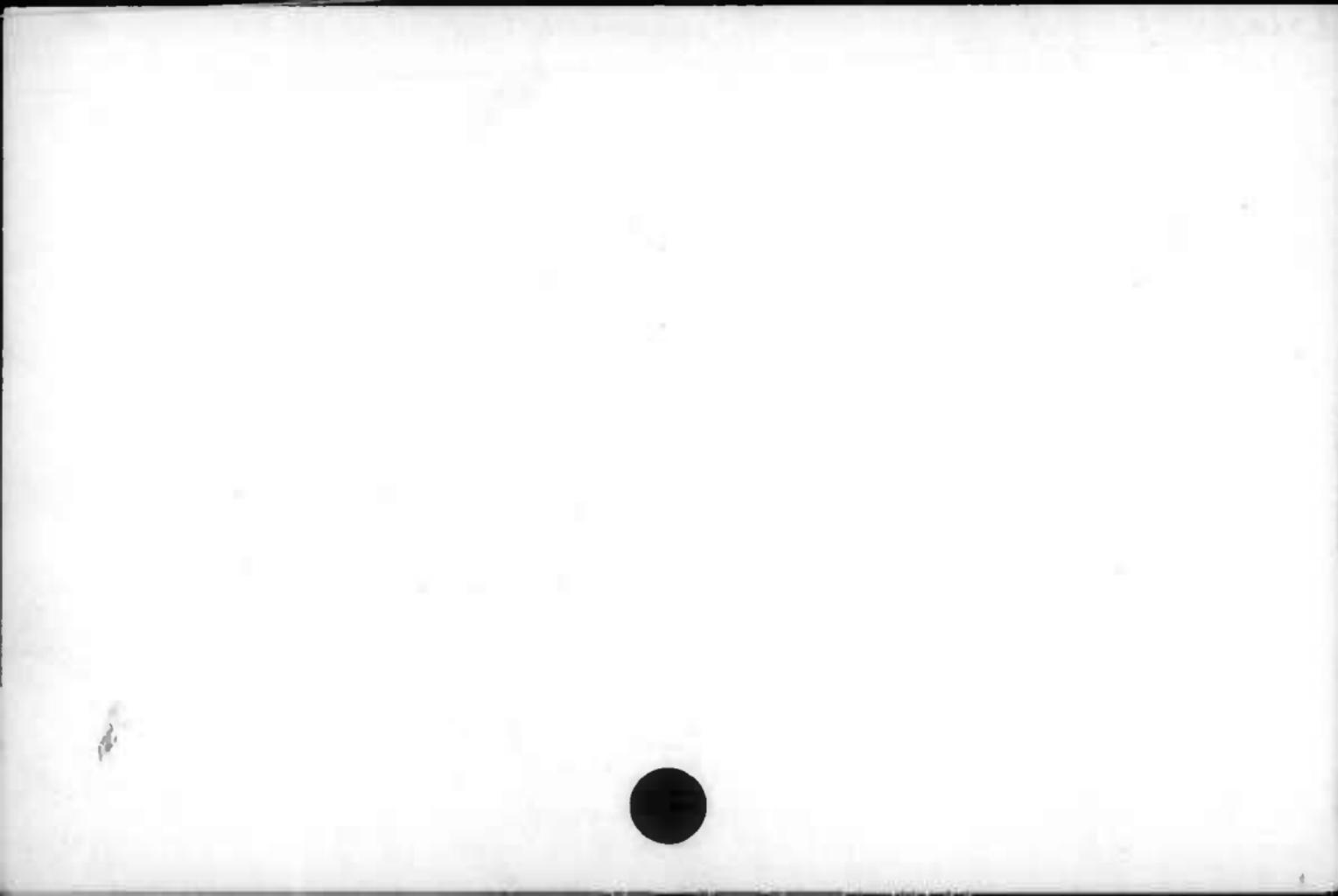
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Dr. William
Greensboro
Md,

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

H

Accident or Suicide

Emma Coleman

CERTIFICATE OF DEATH

Town County MARYLAND

Died at Henderson Caroline

Date of death 1940 Month 12 Years 52 Months 8 Days 7

Sex Female Color or Race White Birthplace Baltimore Co Md

Occupation House-wife Where Residing if not place of death

Married, Single or Widowed Married Name of Wife or Husband Emma Coleman

Father's Name Mortimer ~~Coleman~~ Skinner Father's Birthplace Queen Anne Co Md

Mother's Maiden Name Elizabeth Reece Mother's Birthplace Queen Anne Co Md

Name of person giving Information Nettie Coleman How related to deceased Daughter

CAUSES OF DEATH

(45) ✓

How long

How long

Primary

Sarcopenia

1 yr

Immediate

Exhaustion

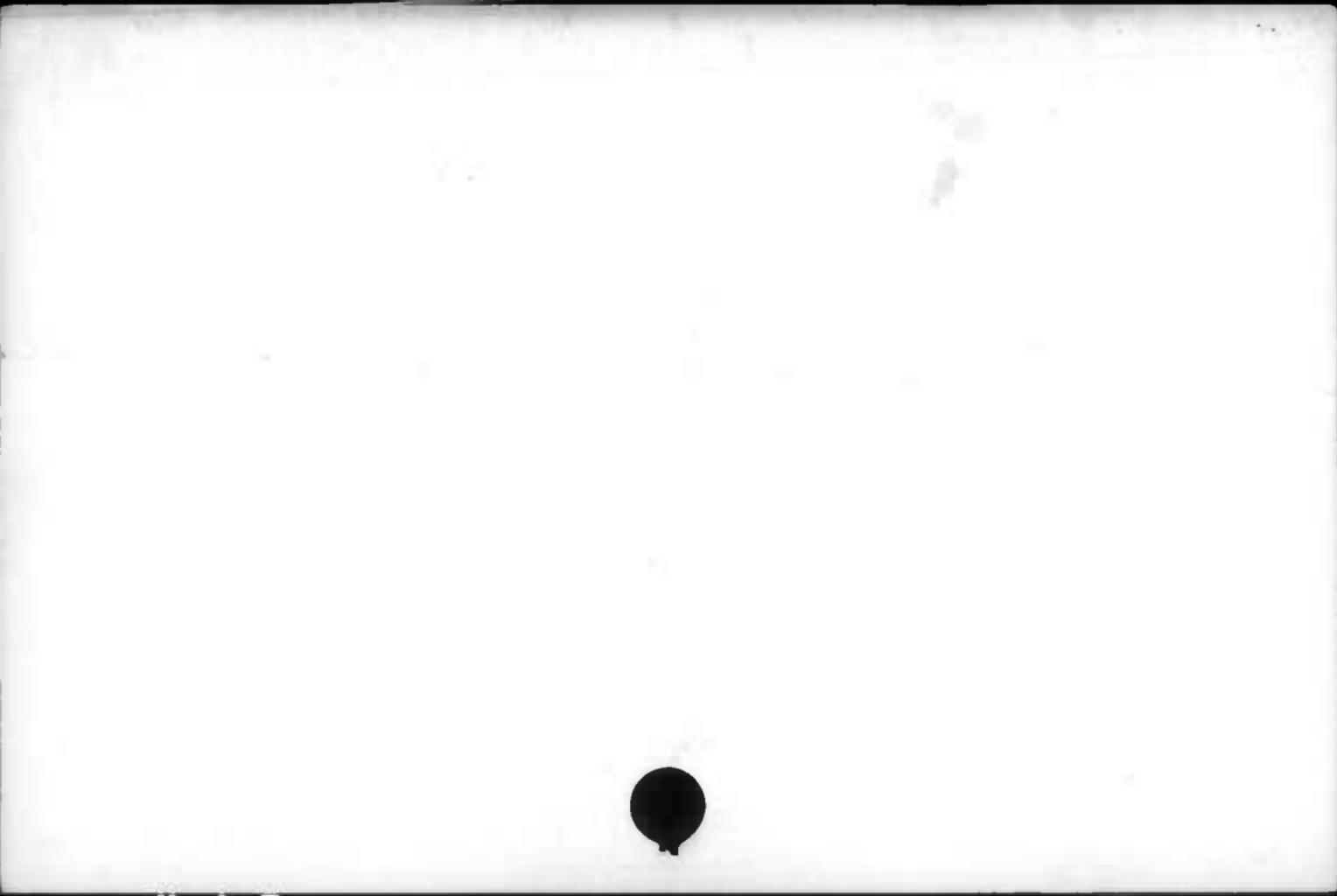
2 mo

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

George Goldthorpe, M.D.



Name
in
Full

Elmer Earl Culver

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	16	7	11	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	at place of death				
Father's Name	Henry Culver	Father's Birthplace	Md.			
Mother's Maiden Name	Eliza Sullivan	Mother's Birthplace	Md.			
Name of person giving Information	(Give personal knowledge)					

CAUSES OF DEATH

Primary

vesical Calculi

Immediate

Uraemia

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

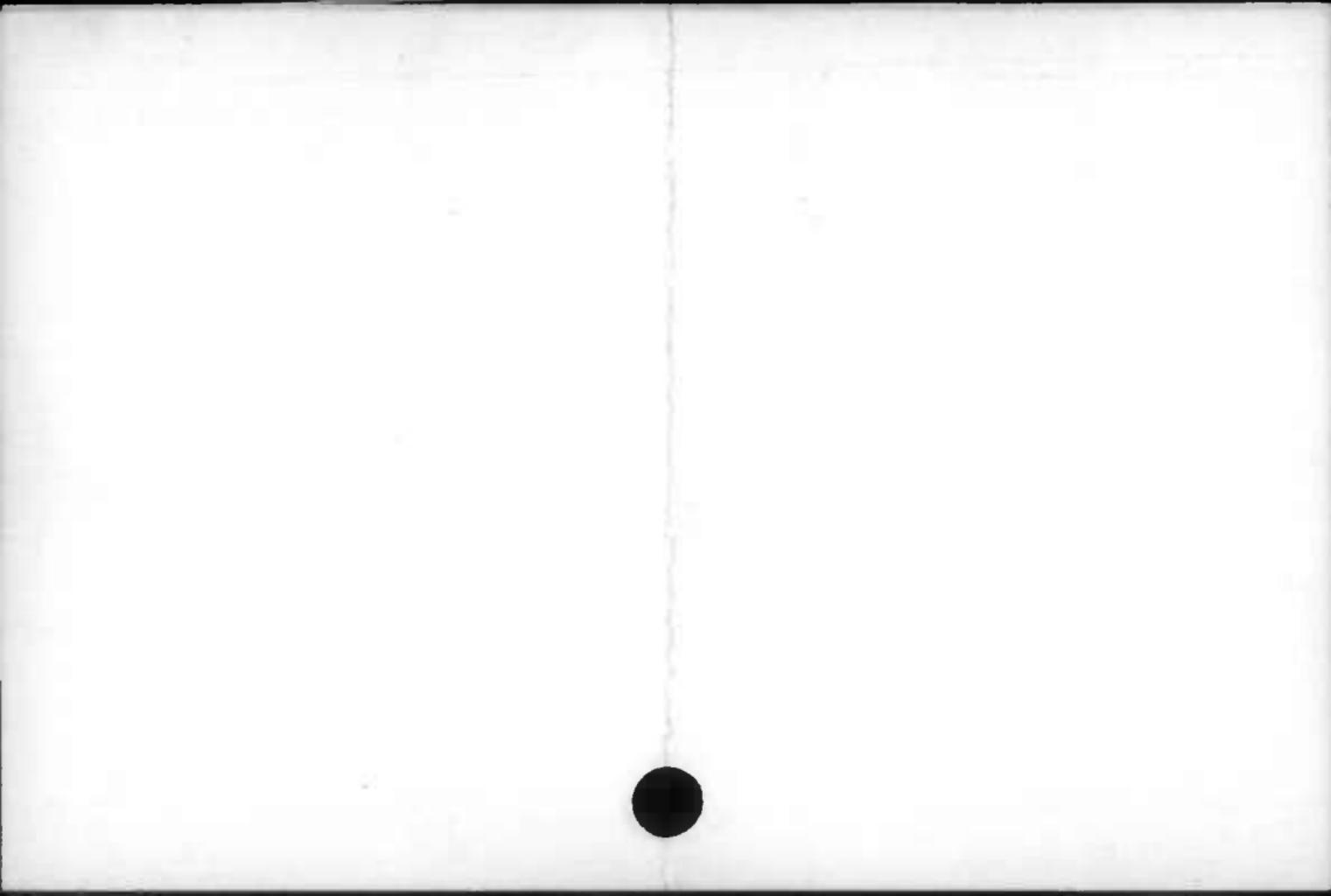
124

New Jone

3 months

2 weeks

Accident or Suicide



Name
in
Full

Carl Dean
Near Denton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Town Month Day
Date of death 1910 March 29 Age 9 Years
Sex Male Color or Race White Birthplace
Occupation
Where Residing if not at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Elisha Dean

Father's
Birthplace

Mother's
Maidan Name

Sarah McFuljir

Mother's
Birthplace

Name of person giving
Information

Philip Verbrick

How related
to deceased
Step Father

CAUSES OF DEATH

Primary

weak heart

79

How long

Immediate

Dropsey

How long

Are the name, age, sex, color, date
and place correctly given above?

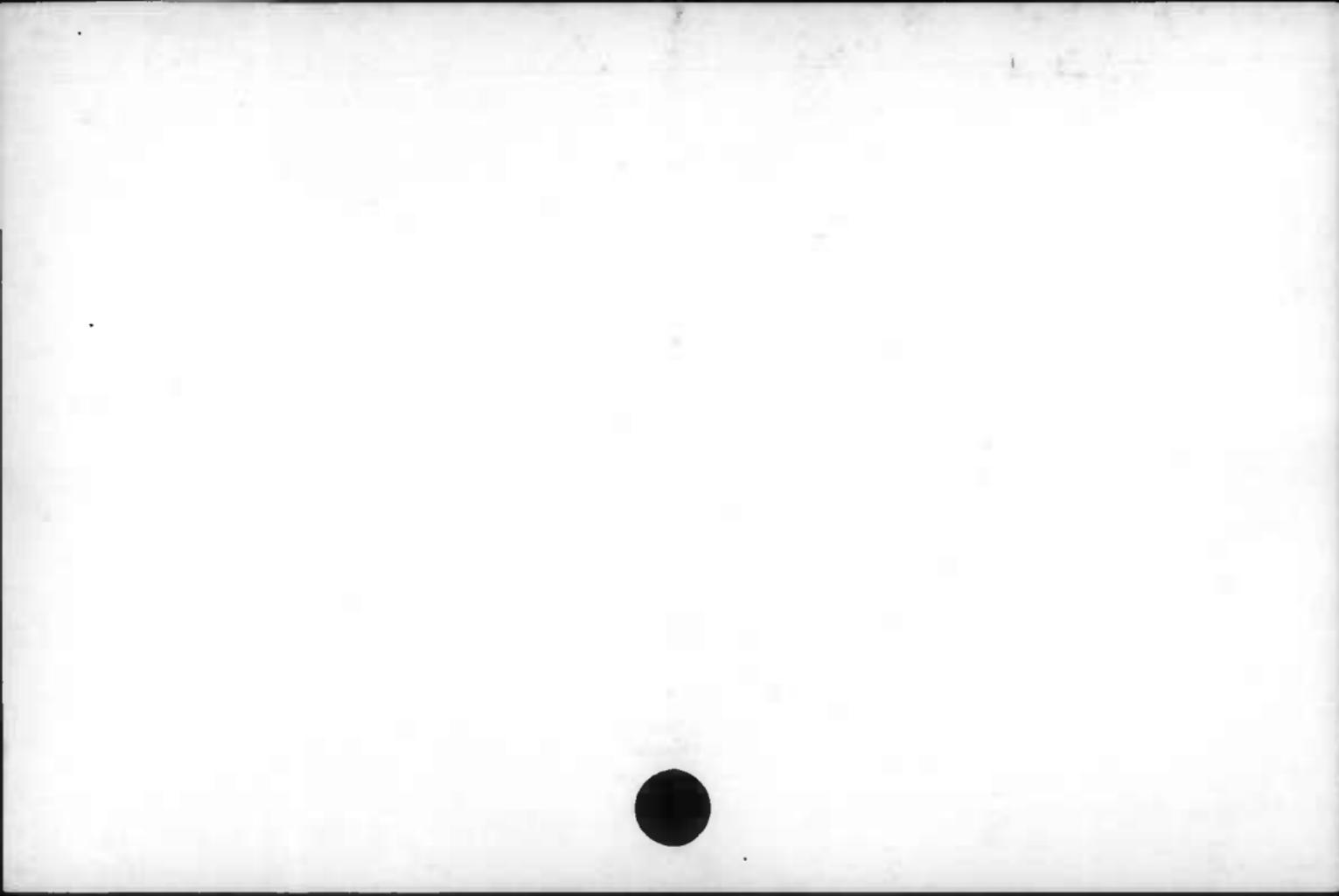
Signature of
Physician

Address

G. W. Simmons
Denton Md.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Eliza R. DeRonda

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <u>New Greenbush</u>	Town	County <u>Caroline</u>	MARYLAND		
Date of death <u>1960</u>	Month <u>Mar.</u>	Day <u>10</u>	Years <u>84</u>	Months <u>2</u>	Days <u>2</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>New Jersey</u>			
Occupation <u>Housenizer</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>widow</u>	Name of Wife or Husband <u>Elijah J. DeRonda</u>				
Father's Name <u>Mr. H. Anderson</u>	Father's Birthplace <u>22. Y.</u>				
Mother's Maiden Name <u>Jane Moore</u>	Mother's Birthplace <u>N. J.</u>				
Name of person giving Information <u>J. A. Dani</u>	How related to deceased <u>Daughter</u>				

CAUSES OF DEATH

66

✓

How long

2 years

How long

2 weeks

PHYSICIAN
OR CORONER

Primary

Hemiplegia

Immediate

Uraemia

Are the name, age, sex, color, date and place correctly given above?

yes.

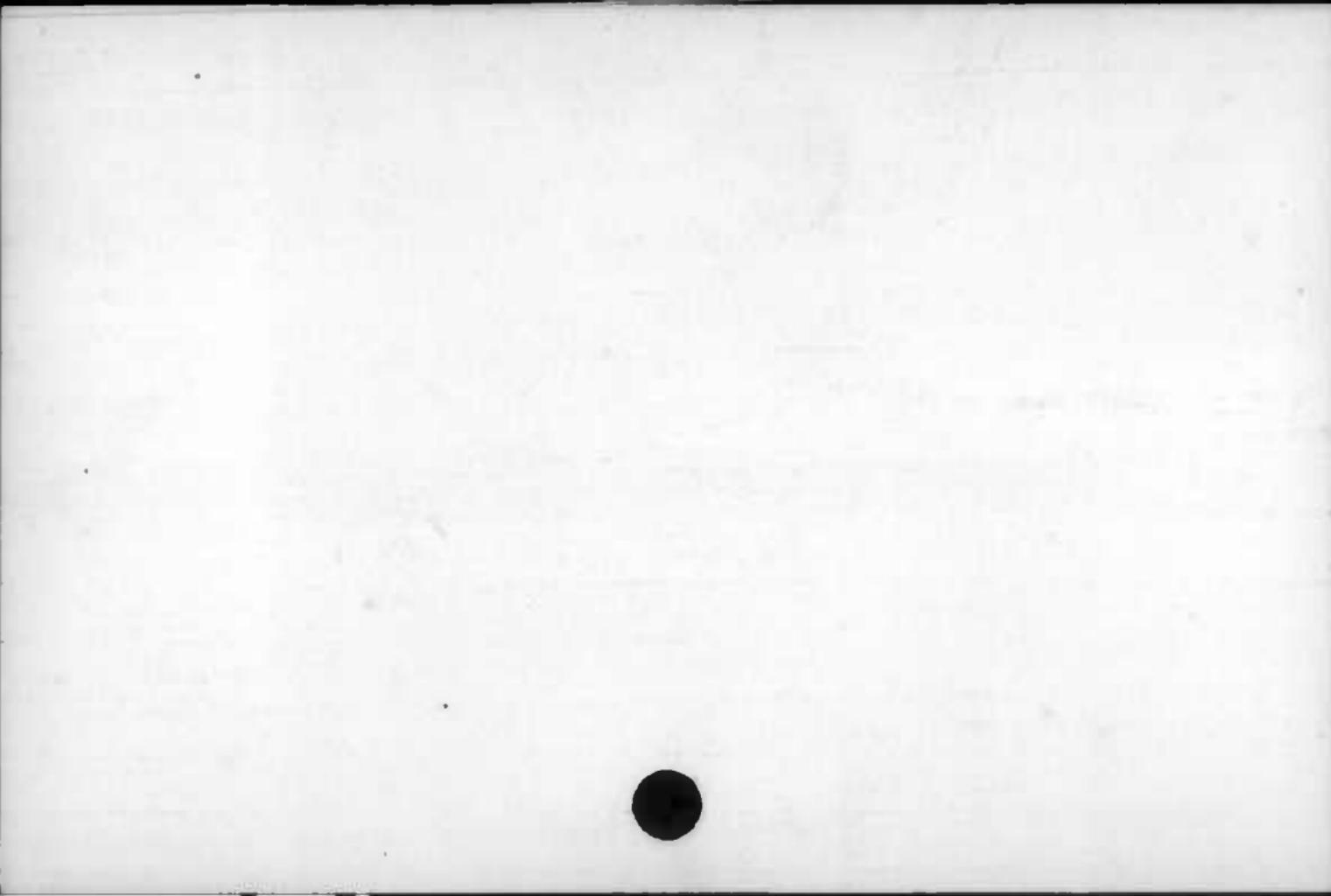
Signature of
Physician

Address

Dr. Rehmane
Greenbush

MD.

Accident or Suicide?



Name
in
Full

John Eovells

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Diad at Greensboro Town Caroline County
Date of death 1960 Month Mar. Day 17 Age 82 Years Months 11 Days
Sex Male Color or Race White Birth-place
Occupation None Where Reading if not at place of death Greensboro Md
Married, Single or Widowed Name of Wife or Husband Elizabeth Eovells
Father's Name Woodward Eovells Father's Birthplace Del.
Mother's Maiden Name Sallie Barwick Mother's Birthplace Del.
Name of person giving Information Sarah E Jewell How related to deceased Niece

CAUSES OF DEATH

Primary

Grip.

10

v

How long

2 weeks

Immediate

Pneumonia

How long

6 days

Are the name, age, aex, color, date and place correctly given above?

yes

Signature of Physician

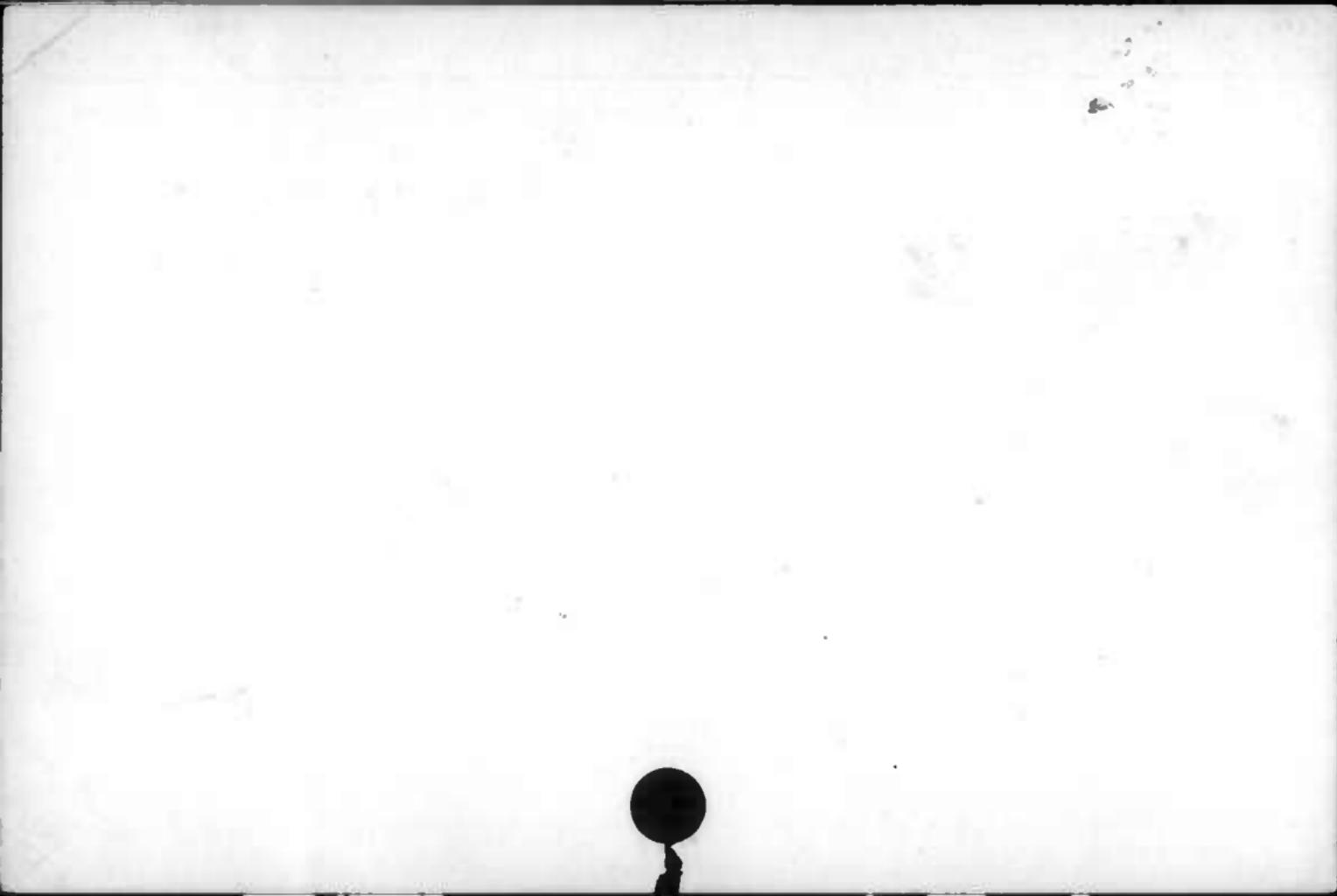
Address

D. R. Illaeme
Greensboro
Md.

PHYSICIAN
OR CORONER

H

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

I

CERTIFICATE OF DEATH

Abonita Foster

County
Caroline

MARYLAND

Died at

Town

Prinston

County

Caroline

Date

of death

1900

Month

March

Day

20

Years

—

Months

—

Days

—

Sex

Female

Color or
Race

Age

—

Birth-
place

—

Montha

—

Days

—

Occupation

—

Where Residing if not
at place of death

Married, Single
or Widowed

—

Name of Wife or
Husband

—

Father's
Name

Newyaar Foster

Father's
Birthplace

Talbot Co Md

Mother's
Maiden Name

Mary Thomas

Mother's
Birthplace

Dor. Co Md

Name of person giving
Information

Newyaar Foster

How related
to deceased

Father

CAUSES OF DEATH

Primary

Masasmus

151

How long

4 weeks

Immediate

Exhaustion

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. L. Hoban
Prinston
Md

Accident or Suicide

22

Name
in
Full

Hoston

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{own} near Preston

County
Caroline

MARYLAND

Date
of death 1908

Month
March

Day
11

Age

Years

Months

Days
21

Sex

Female

Color or
Race

Black

Birth-
place

Poston Md

Occupation

—

Where Residing if not
at place of death

Married, Single
or Widowed

—

Name of Wife or
Husband

—

Father's
Name

Newyear Foster

Father's
Birthplace

Talbot Co Md

Mother's
Maiden Name

Mary Thomas

Mother's
Birthplace

Dorchester Co Md

Name of person giving
Information

Newyear Foster

How related
to deceased

Father

CAUSES OF DEATH

Primary

Marasmus

151

V

How long

3 Weeks

Immediate

Dank Knoll

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

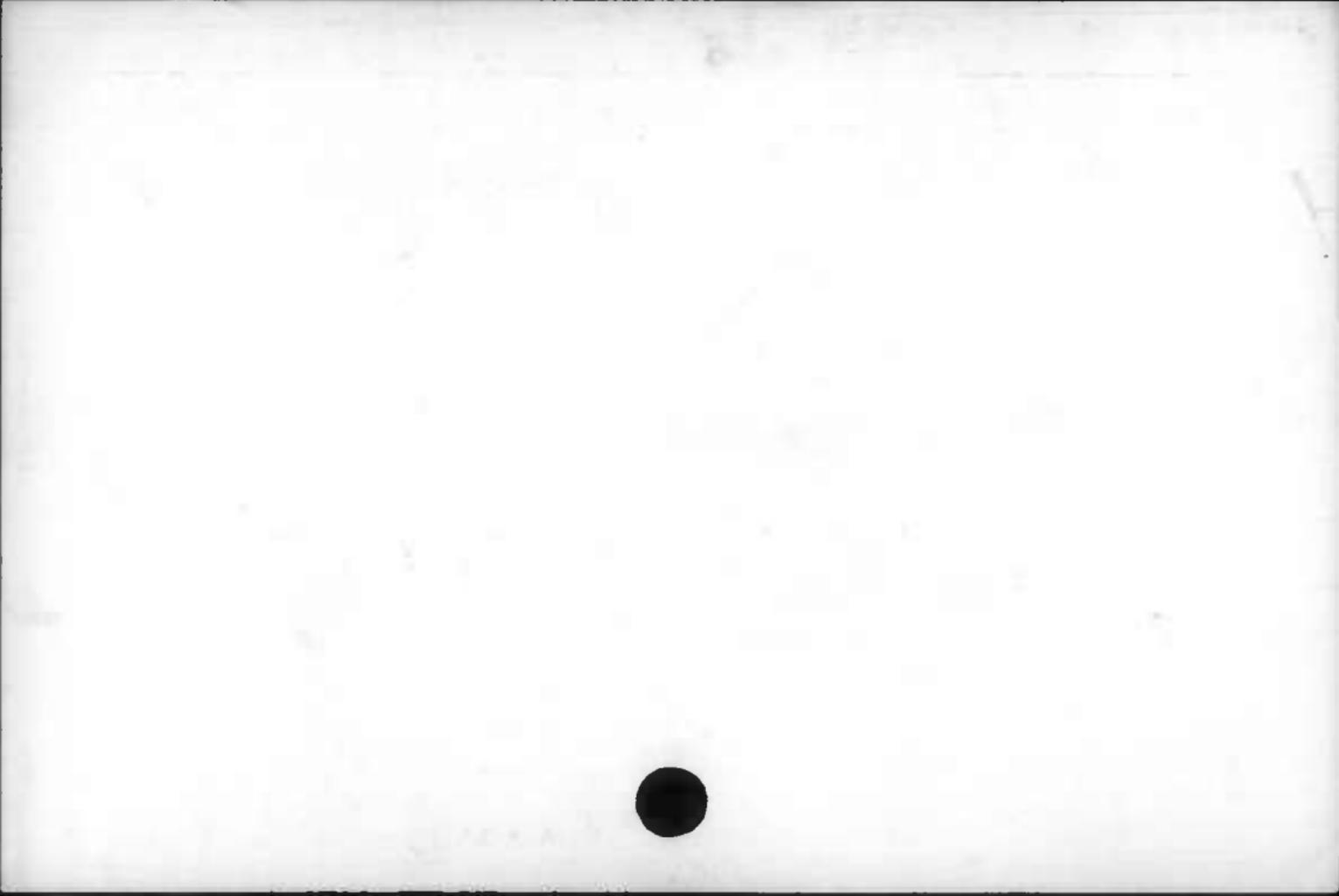
Signature of
Physician

Address

J. L. Foster
Poston
Md.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Peter Gross

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

I

Died at near Greenbush		Town	County Caroline		MARYLAND	
Date of death 1900	Month 3	Day 10	Age 71	Years	Months	Days
Sex Male	Color or Race Blacks	Birth- place Maryland				
Occupation Laborer	Where Residing if not at place of death					
Married, Single or Widowed Widow	Name of Wife or Husband none	Rebecca Gross				
Father's Name Peter Gross	Father's Birthplace Maryland					
Mother's Maiden Name dout know	Mother's Birthplace Dont know.					
Name of person giving Information Charles Gould	How related to deceased Son in law					

CAUSES OF DEATH

Primary

Bleed Cloth (Cerebral)

64

v

How long

3 Days -

Immediate

Paralysis.

2 days.

Are the name, age, sex, color, date
and place correctly given above?

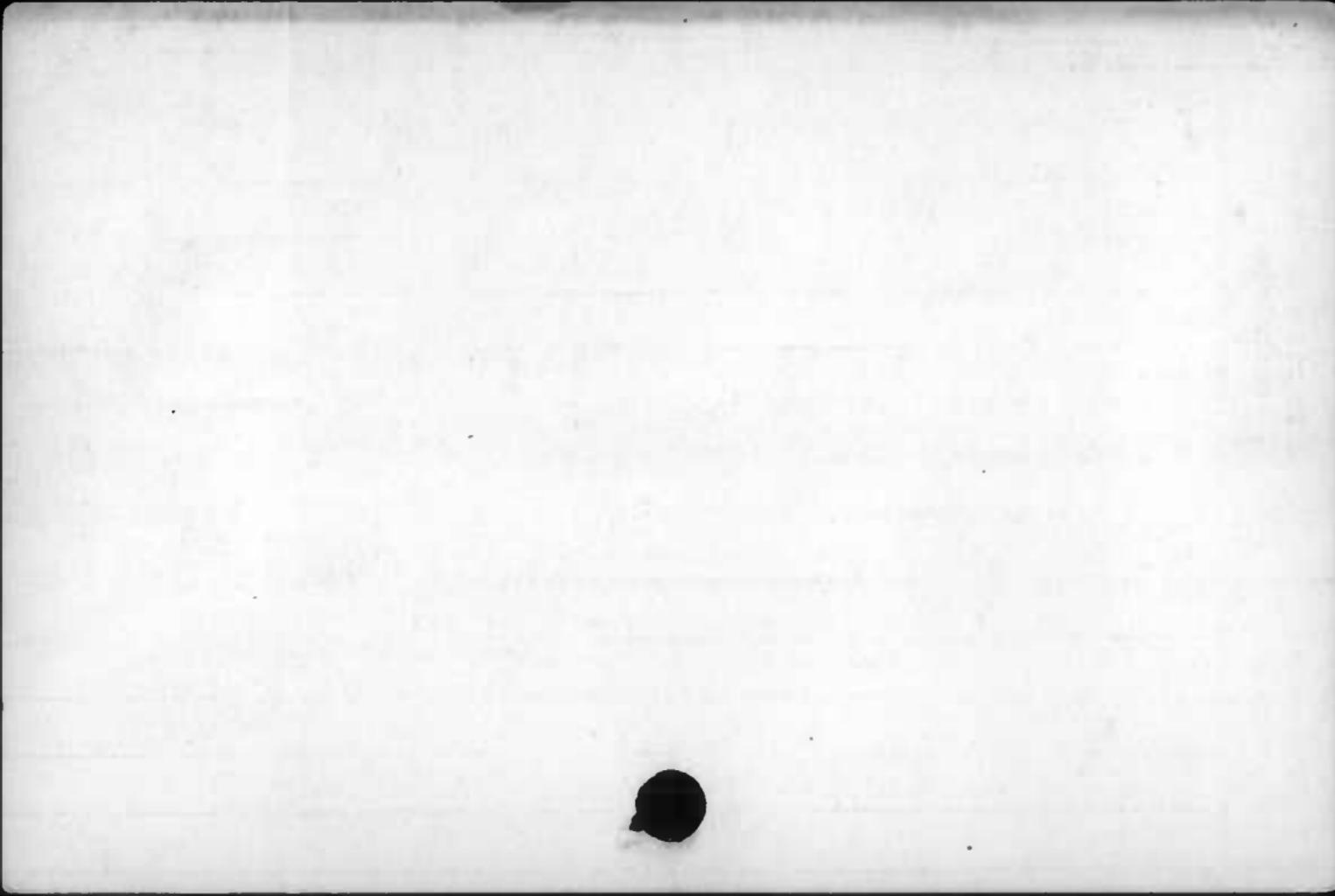
Yes.

Signature of
Physician

Dr. Muller
Greensboro

Address

Accident or Suicide?



Name
in
Full

Emily W. Mc-Bride.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Federalsburg Town		County Caroline		MARYLAND	
Date of death 1940 Mar.	Month	Day 26	Age 80	Years	Months _____ Days 3
Sex Female	Color or Race White	Birth-place Caroline Co. Md.			
Occupation None	Where Residing if not at place of death _____				
Married, Single or Widowed Widowed	Name of Wife or Husband Joseph C. Mc-Bride, dec'd.				
Father's Name Mathan Todd.	Father's Birthplace Sussex Co. Del.				
Mother's Maiden Name (Unknown)	Wilson	Mother's Birthplace (Unknown)			
Name of person giving Information John Todd.	How related to deceased Nephew.				

CAUSES OF DEATH

Primary

Chronic Gastritis

10 $\frac{1}{2}$

✓

How long

several years

Immediate

Are the name, age, sex, color, date and place correctly given above?

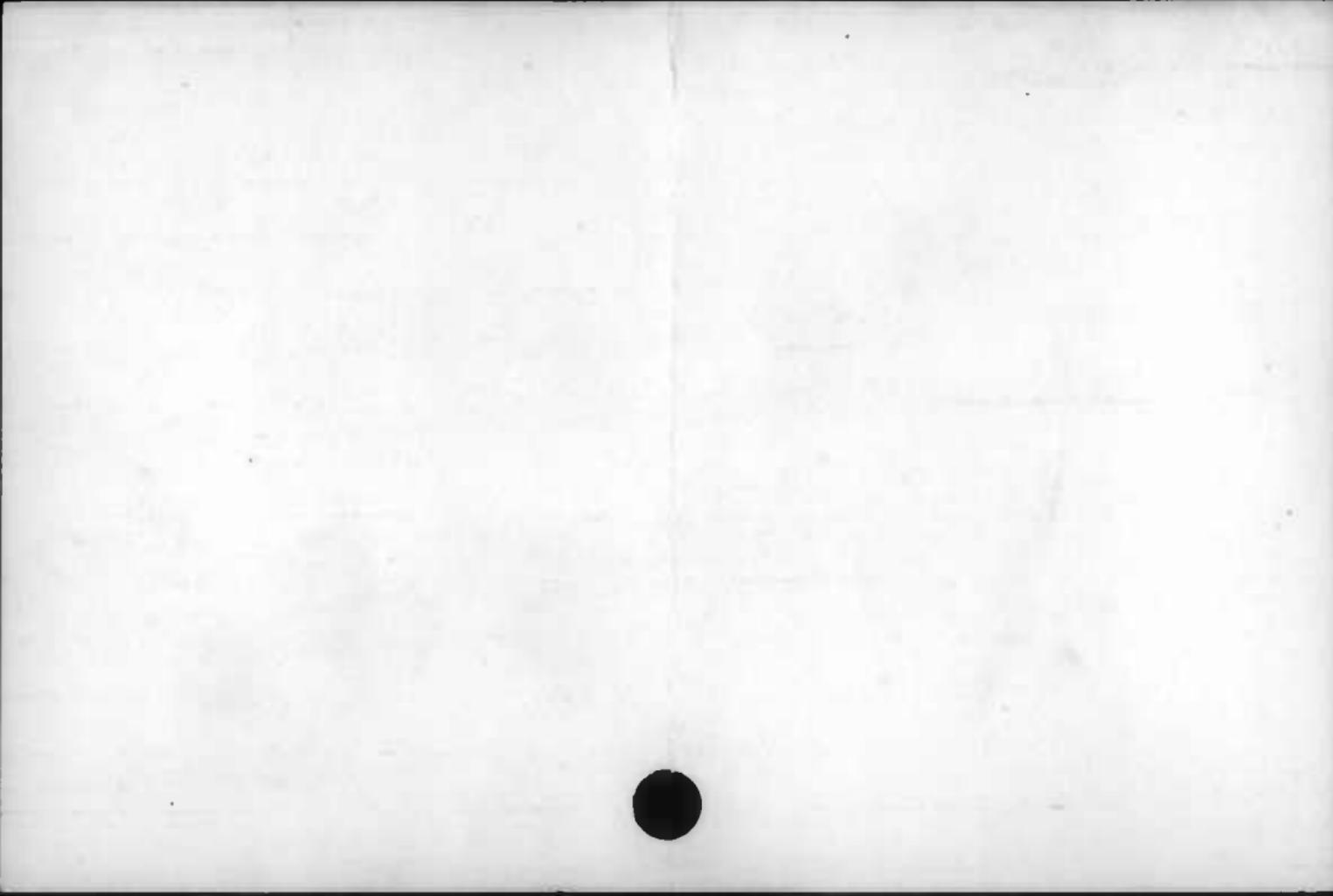
yes

Signature of Physician

Address

R. H. Jefferson
Federalsburg
Md

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Henry D. Marvel

CERTIFICATE OF DEATH

MARYLAND

Died at Goldsboro Town County Caroline
Date of death 19 Month Day Age Years Months Days
10 March 17 72 " 11 23

Sex Male Color or Race White Birthplace Kent Co Del.
Occupation Farmer Where Residing if not
et place of death

Married, Single or Widowed Married Name of Wife or Husband

Father's Name Philip Marvel Birthplace Kent Co Del.

Mother's Maiden Name Reynolds

Mother's Birthplace Kent Co Del.

Name of person giving Information

David D. Marvel

How related to deceased Son

CAUSES OF DEATH

Primary

Nephritis

120

v

How long

Immediate

Uremic Poisoning

2 yrs

Are the name, age, sex, color, date
and place correctly given above?

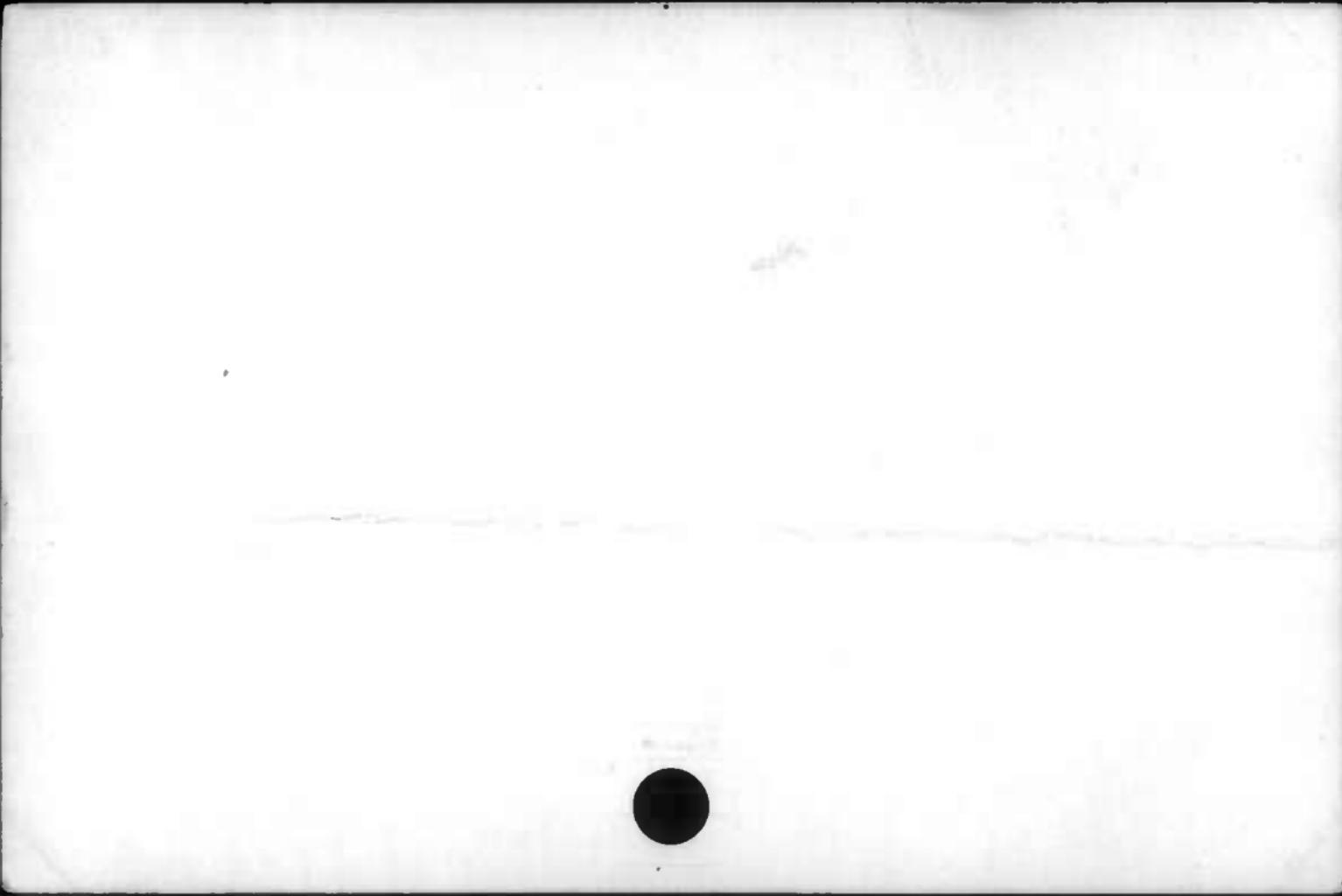
yes

Signature of
Physician

Address

Steve
Goldsboro.
Md

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

H

CERTIFICATE OF DEATH

MARYLAND

Died at near Hyson Town Leonardtown County

Date of death 1960 Month March Day 13 Age — Months — Days 11

Sex Male Color or Race White

Birth-place Md

Occupation Not Any Where Residing if not at place of death as above

Married, Single or Widowed Single Name of Wife or Husband

Not Any

Father's Name Louis Muster

Father's Birthplace Md

Mother's Maiden Name Evel Orr

Mother's Birthplace Indiana

Name of person giving Information Lester Orr

How related to deceased Grandfather

CAUSES OF DEATH

Primary

Downs

151

How long

11 days

Immediate

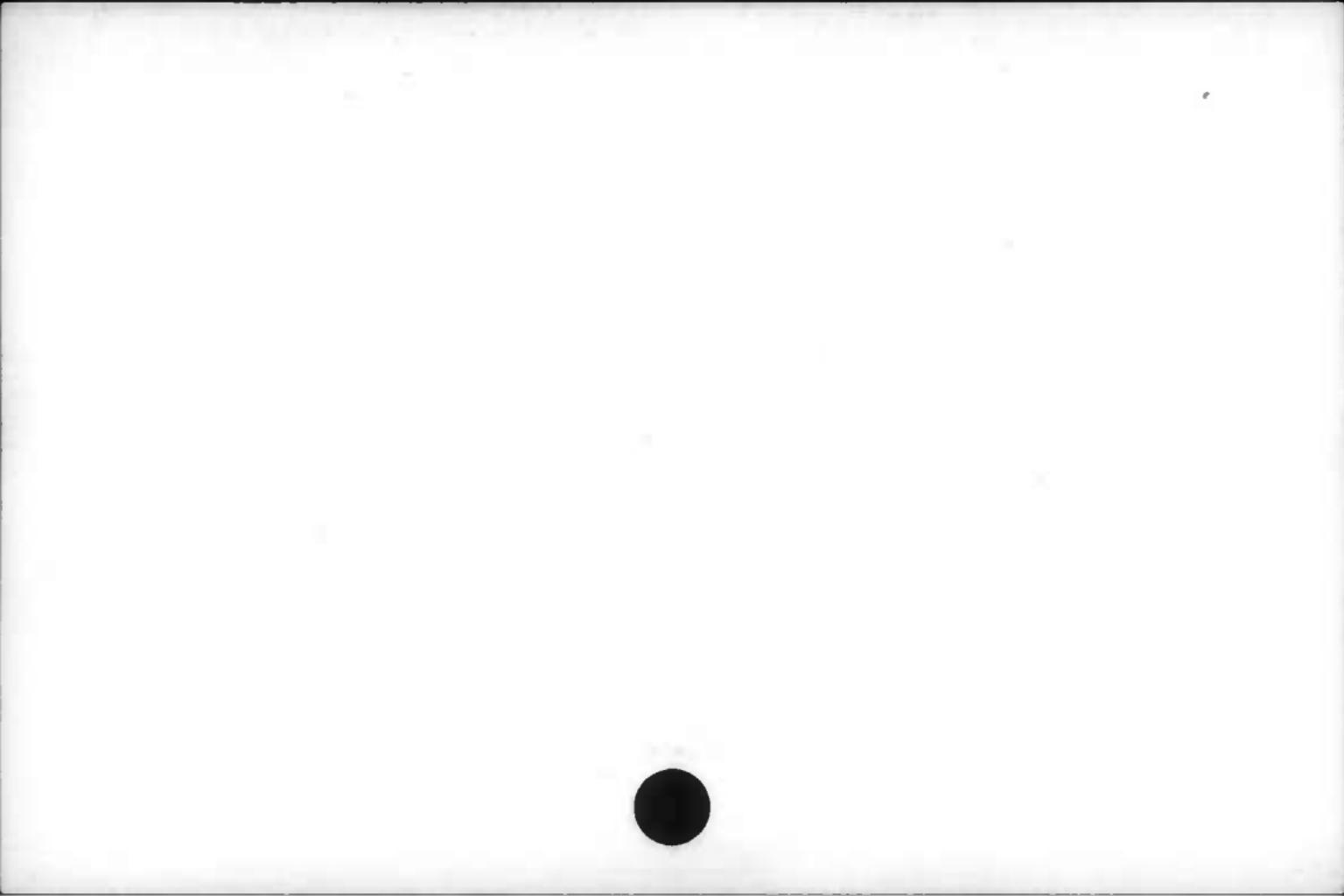
Are the name, age, sex, color, date and place correctly given above?

Signature of
Physician

Address

Raymond Lee Muster
Preston

Accident or Suicide



Name
in
Full

Alexine P. Mowbray.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Federalsburg <small>Town</small>		County Caroline		MARYLAND	
Date of death 1940 Mar.	Month Mar.	Day 21	Years 60	Months 	Days
Sex Female	Color or Race White	Birth-place Dorchester Co. Md.			
Occupation Worked in Shirt Factory		Where Residing if not at place of death 			
Married, Single or Widowed Single	Name of Wife or Husband 				
Father's Name William Mowbray.	Father's Birthplace Dorchester Co. Md.				
Mother's Maiden Name Harriett Conaway.	Mother's Birthplace " " "				
Name of person giving information Frank Mowbray.	How related to deceased Brother.				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Heart Disease

79

Now living

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

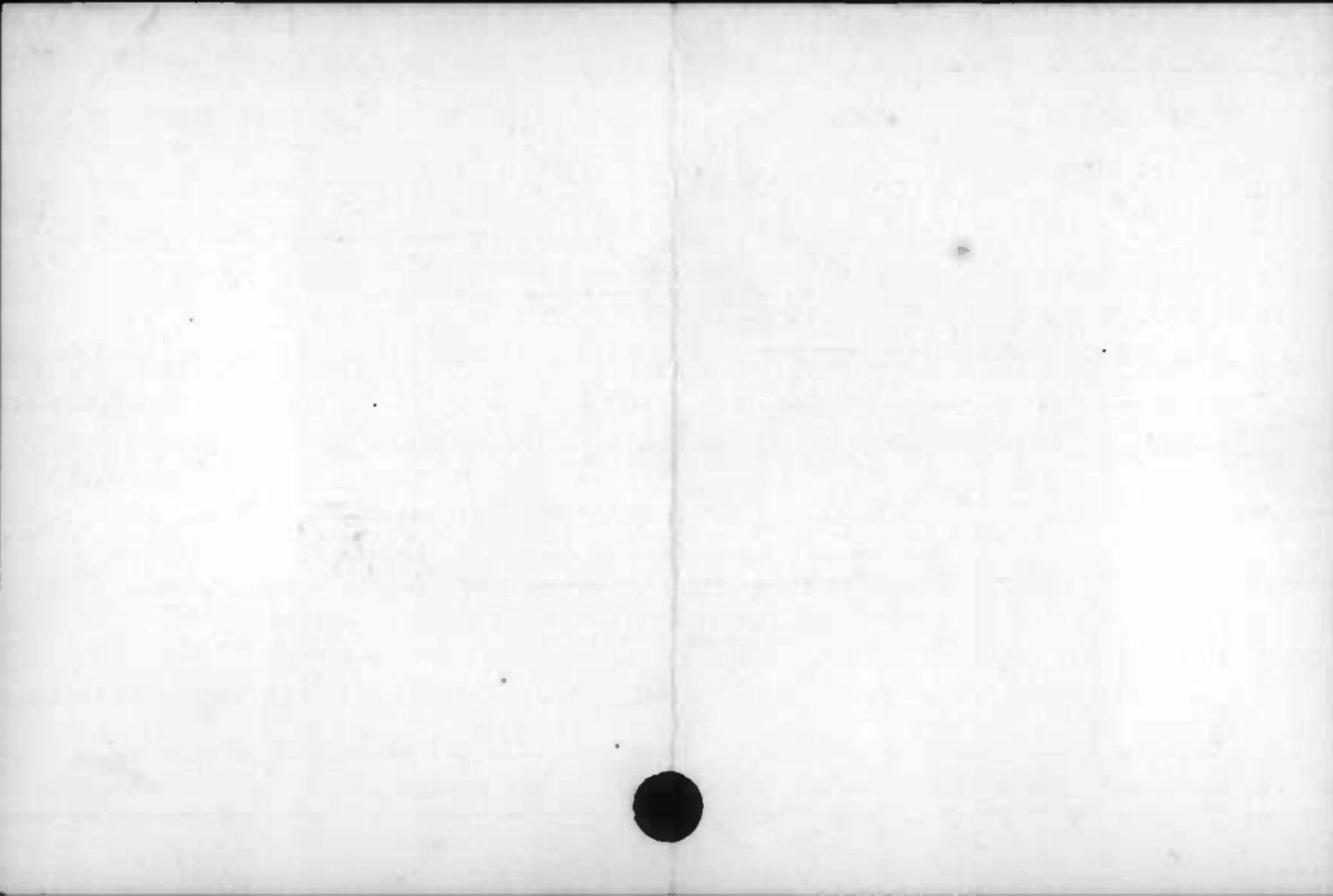
Signature of Physician

Address

**R. R. Jefferson
Federalsburg
Md**

I

Accident or Suicide?



Name
in
Full

Lawrence & Peggy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Neon Preston County Montgomery MARYLAND

Date of death 1940	Month March	Day 11	Age	Years	Months 6	Days 14
Sex Male	Color or Race	White	Birth-place	MD		
Occupation	Not Any					Where Residing If not at place of death <i>as above</i>
Married, Single or Widowed	Singh	Name of Wife or Husband	None			
Father's Name	Lhas & Peggy					Father's Birthplace MD
Mother's Maiden Name	Emma O'Farrell					Mother's Birthplace MD
Name of person giving Information	Lhas & Peggy					How related to deceased Father

CAUSES OF DEATH

Primary

Measles

⑥

v

Immediate

Probably Pneumonia

How long

10 days

Are the name, age, sex, color, date and place correctly given above?

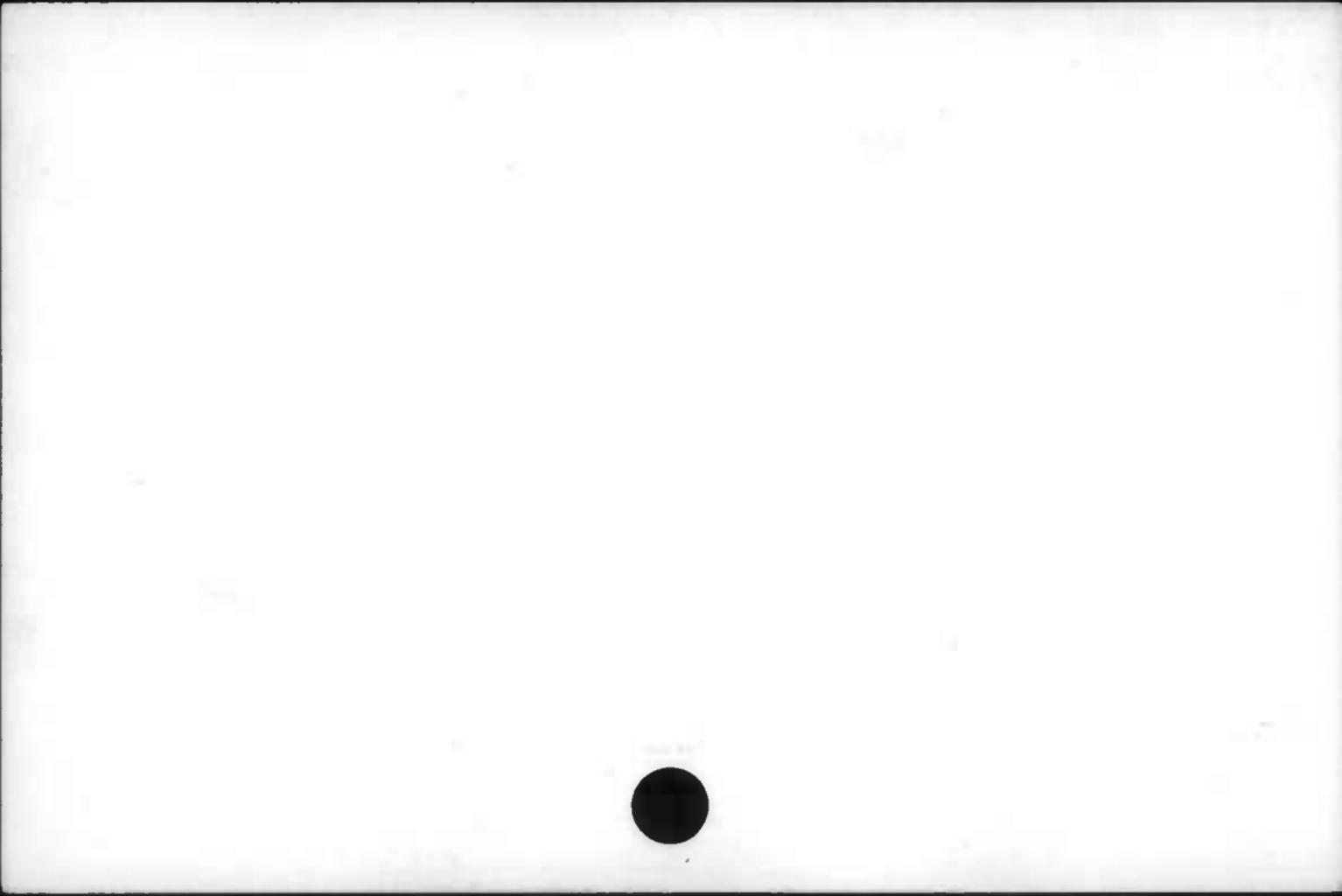
Signature of Physician

Address

Raymond Dornes
Preston

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Willie V. Prattis.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town Died at New Federalsburg, County Caroline
Month Mar. Day 11 Year 29 Month 5 Days —
Date of death 1910 Sex Female Color or Race Mulatto Birth-place Phila. Pa.
Occupation House-Maid. Where Residing if not at place of death New York City.
Married, Single or Widowed Married Name of Wife or Husband Tilghman D. Prattis.
Father's Name Wriston Jenkins. Mother's Birthplace Dorchester Co. Md.
Mother's Maiden Name Martha Collins. Mother's Birthplace Caroline Co. Md.
Name of person giving Information Tilghman D. Prattis. How related to deceased Husband.

CAUSES OF DEATH

Primary

Pneumis Pulmonalis
Exhaustion

29

How long

6 mo
1 week.

Immediate

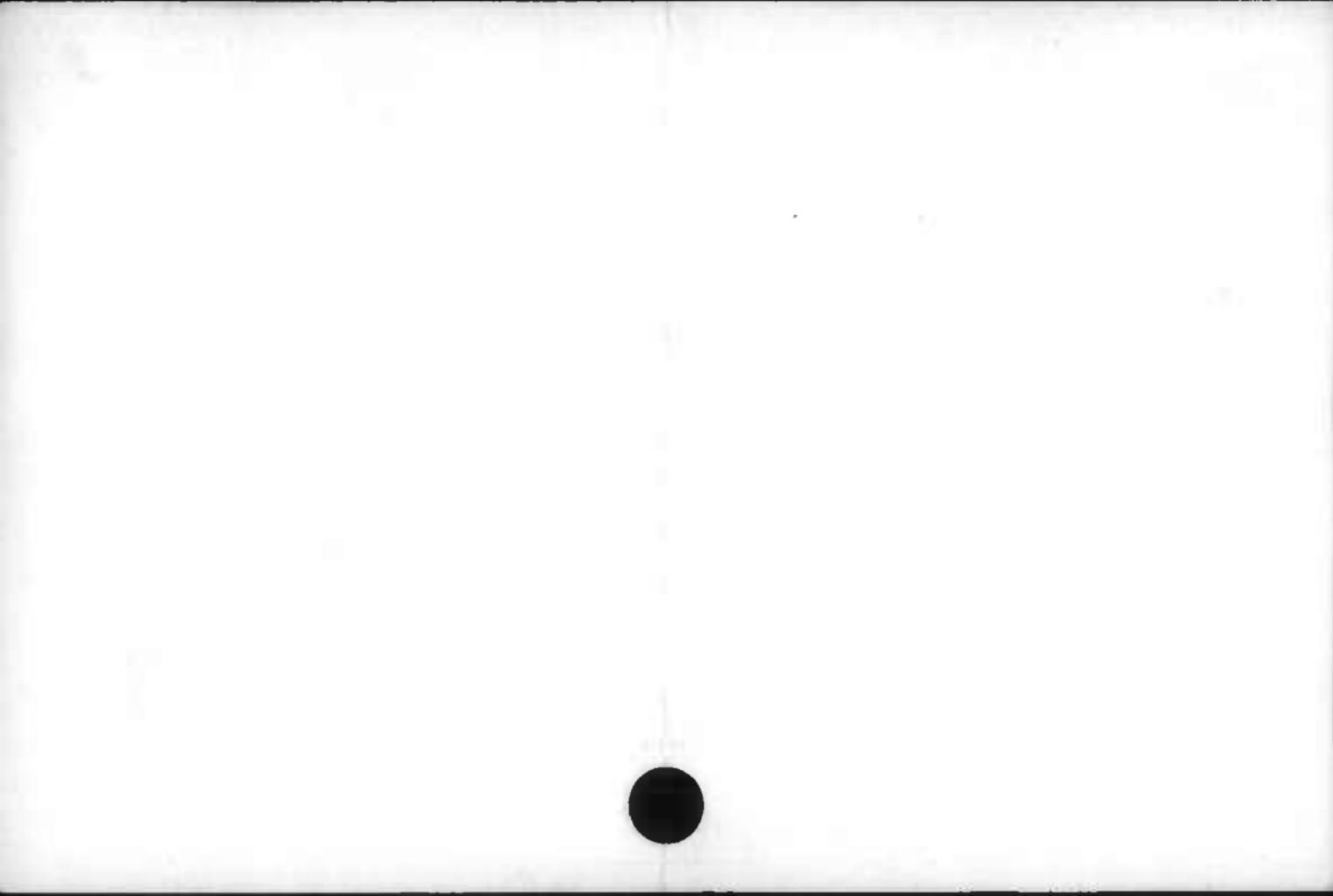
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

F. J. Brooks.
Federalsburg
Md.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



CERTIFICATE OF DEATH

MARYLAND

Name in Full		Joseph Satterfield				County		
Died at		Town	Denison	County	Caroline			
Date of death	Month	Day	March	17	Age	—	Months	
Sex	Male	Color or Race	Colored	Birth- place	Days	20	Denison	
Occupation	—	Where Reading if not at place of death				—		
Married, Single or Widowed	—	Name of Wife or Husband				—		
Father's Name	Henry Connor					Father's Birthplace	Ind.	
Mother's Maiden Name	Matty Satterfield					Mother's Birthplace		
Name of person giving Information	Mary Satterfield					How related to deceased	Mother	
CAUSES OF DEATH						9	✓	
Primary							How long	

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

H. W. Simmond
Denison Ind.

Accident or Suicide

I did not see the case S.

SC 6

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

I

Accident or Suicide

John Wesley Smith

Town

Died at

Ridgely

Month

Date

of death 190

3

Day

11

Years

40

County

Caroline

MARYLAND

Months

Days

-

Sex

Male

Color or
Race

Caroline

Birth-
place

Caroline Co.

Occupation

Laborer

Where Residing if not
at place of death

Ridgely

Married, Single
or Widowed

Married

Name of Wife or
Husband

Mrs Smith

Father's
Name

Joseph Smith

Father's
Birthplace

Baltimore

Mother's
Maiden Name

Mary Eaton

Mother's
Birthplace

Caroline Co.

Name of person giving
Information

Joseph Smith

How related
to deceased

Father

CAUSES OF DEATH

Primary

Consumption

28

How long

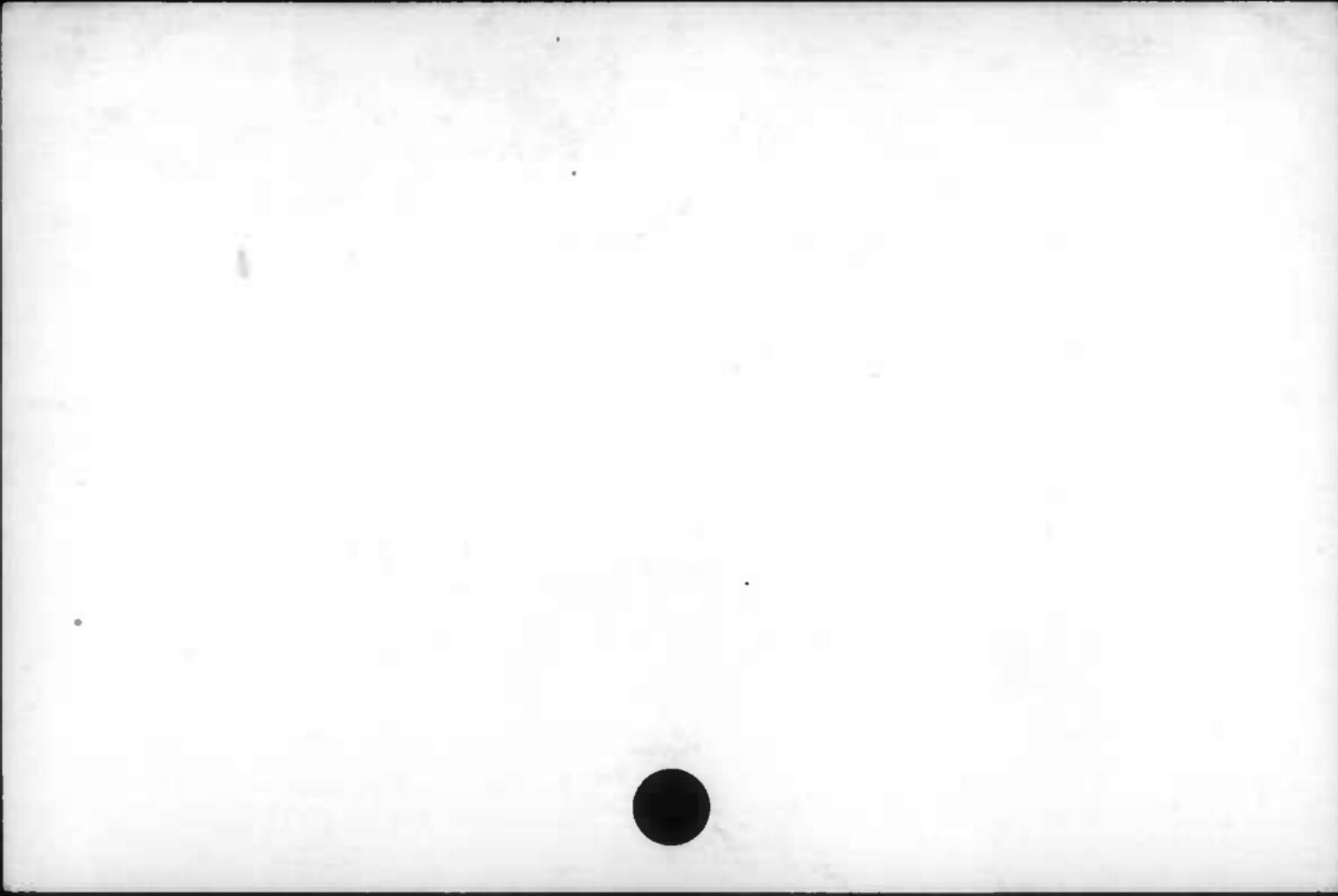
Two years

How long

Signature of
Physician

Address

H. Wilkinson
Ridgely Md. Coroner



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Robby M Thomas

Died at Town

County

CERTIFICATE OF DEATH

MARYLAND

Date Month Day Years Months Days
of death 1960 3 10 Age 35 - -

Sex Male Color or Race Colored Birth-place Maryland
Occupation Waiter Where Residing if not at place of death Baltimore

Married, Single Name of Wife or Husband

Not married

Father's Name

Birthplace

Howard B. Brown

Birthplace

Mother's Maiden Name

Birthplace

Name of person giving Information

How related to deceased

Martha Brown

Mother

CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

How long

One year

Immediate

Exhaustion

How long

Several hours

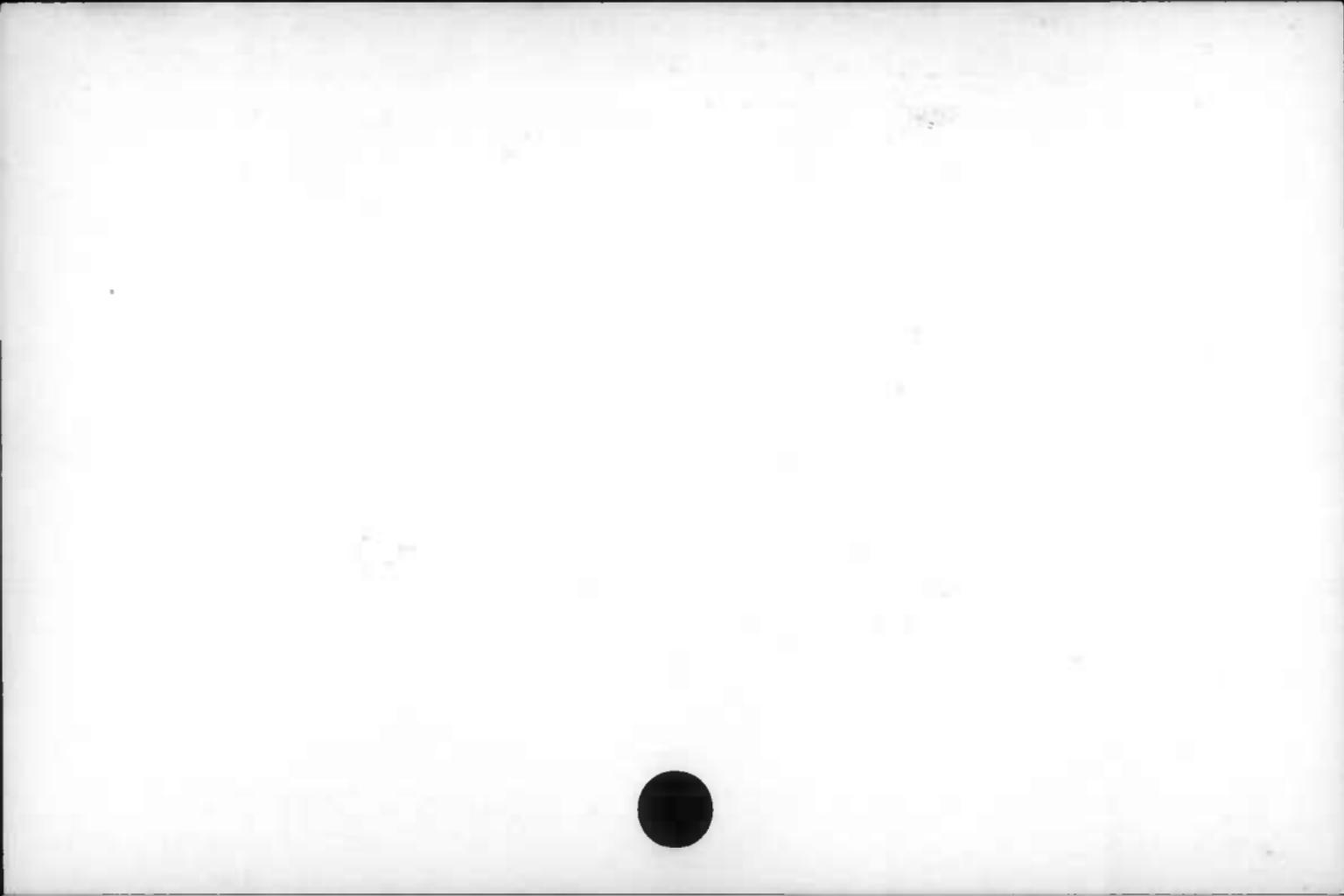
Are the name, age, sex, color, date and place correctly given above?

Signature of
Physician

Address

Frank Deacon
Balt. Md.

Accident or Suicide



Name
in
Full

Elizabeth Turner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Denton		County Caroline		MARYLAND	
Date of death 1960	Month 3	Day 10	Age 70	Month	Days
Sex Female	Color or Race White	Birth- place Dont know			
Occupation Housewife	Where Residing if not et place of death Same				
Married, Single or Widowed Widow	Name of Wife or Husband	Dont know			
Father's Name Dont know	Father's Birthplace Dont know				
Mother's Maiden Name Dont know	Mother's Birthplace Dont know				
Name of person giving Information Alfred Hammette	How related to deceased not related				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Heart Disease

79

✓

How long

Final illness

Immediate

Same

How long

Two days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

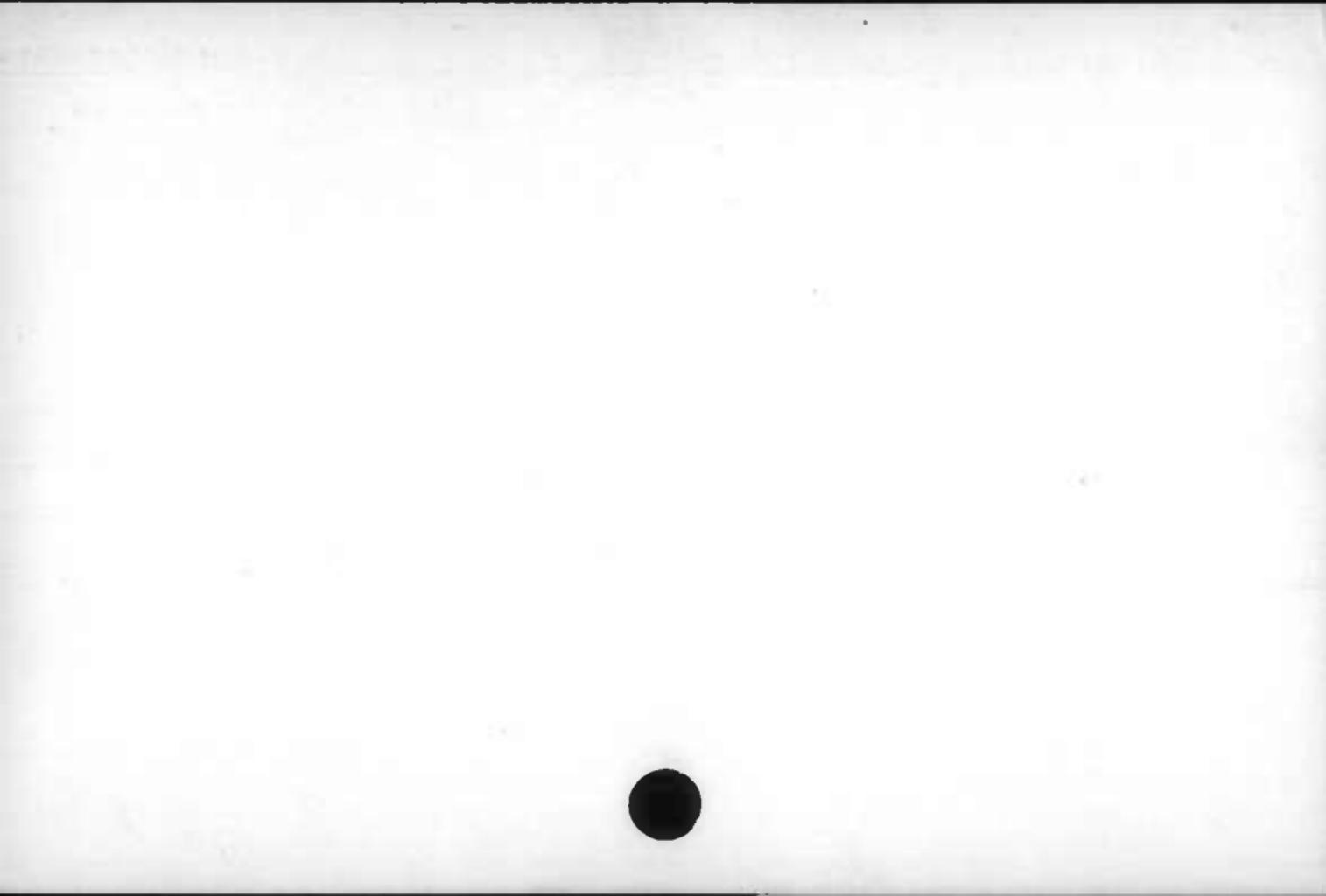
P.R. Fisher

Denton

Md

Accident or Suicide

No



Name
in
Full

Mary Alice Webb

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Preston</u>		Month <u>March</u>	Day <u>1</u>	Years <u>61</u>	Month <u>-</u>	Days <u>-</u>	
Date of death <u>190</u>	Sex <u>Female</u>	Color or Race <u>Black</u>	Age <u>61</u>				
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>Joseph Long Webb</u>						
Married, Single or Widowed <u>widow</u>	Name of Wife or Husband <u>Peter Simpson</u>		Father's Birthplace <u>Pabbot Co Md</u>				
Father's Name <u>Peter Simpson</u>	Mother's Birthplace <u>South Knoe</u>						
Mother's Maiden Name <u>Julia as Donf Keon</u>	How related to deceased <u>son</u>						
Name of person giving Information <u>Peter Webb</u>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Valvular Disease of Heart

Immediate Ururia

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

79

How long

✓

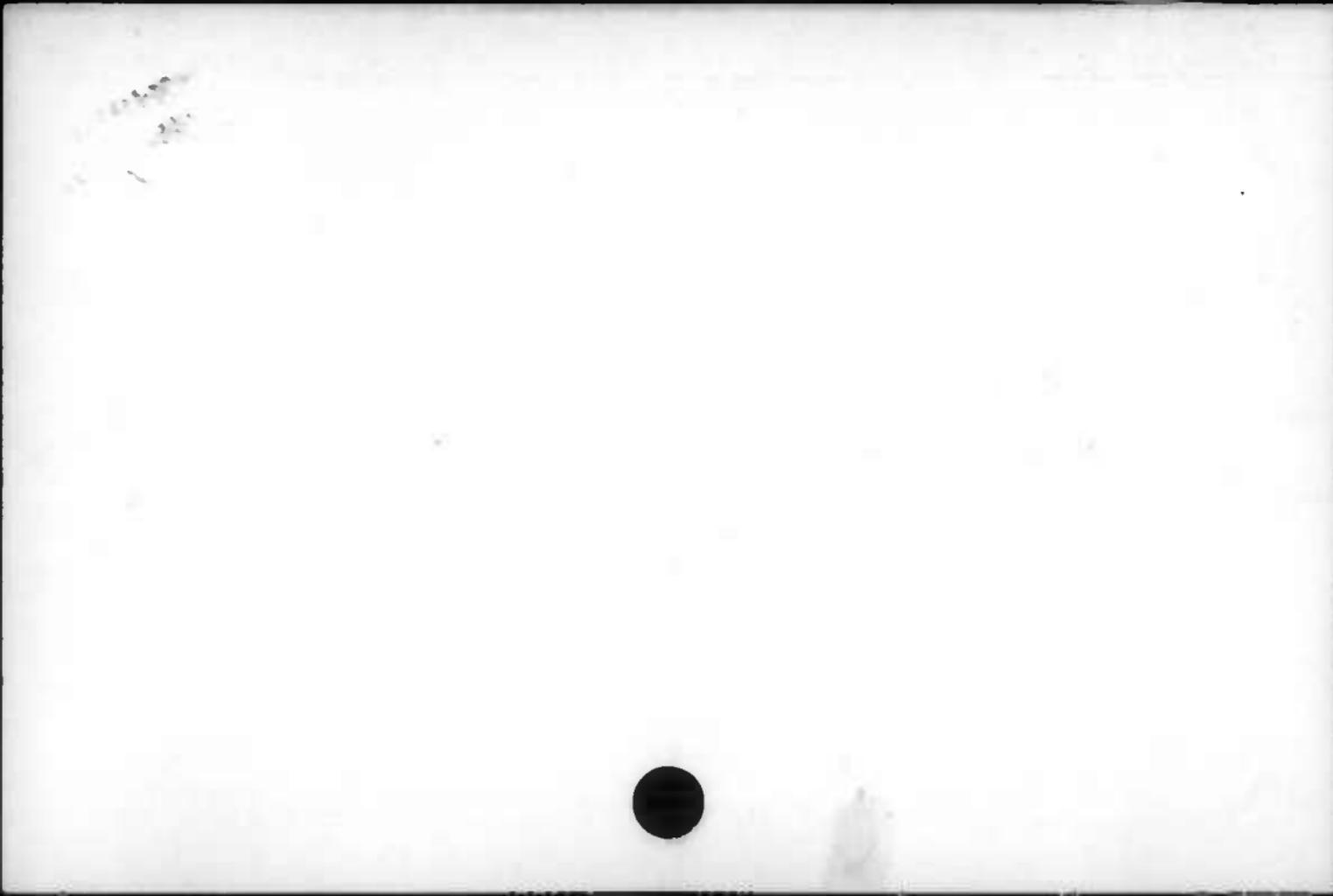
6 months

How long

1 week

J. L. Kober
Preston
Md.

Accident or Suicide



Name
in
Full

Elizabeth Turpin Williams.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

H PHYSICIAN
OR CORONER

Died at		Town	Caroline	County	MARYLAND	
Date of death	Month	Day	Years	Month	Days	
1900	Mar.	12"	Age 80	7	29	
Sex	Female	Color or Race	White	Birth-place	Sussex Co. Del.	
Occupation	Living with Son.			Where Residing if not at place of death		
Married, Single or Widowed	Widow	Name of Wife or Husband	John Williams, dec'd.	Father's Birthplace	Sussex Co. Del.	
Father's Name	Greenbury Allen			Mother's Birthplace		
Mother's Maiden Name	Nancy Banning.			" " "		
Name of person giving Information	Edward Williams.			How related to deceased	Son.	

CAUSES OF DEATH

Primary

Cancer Liver

40

✓

How long

One year

Immediate

Are the name, age, sex, color, date and place correctly given above?

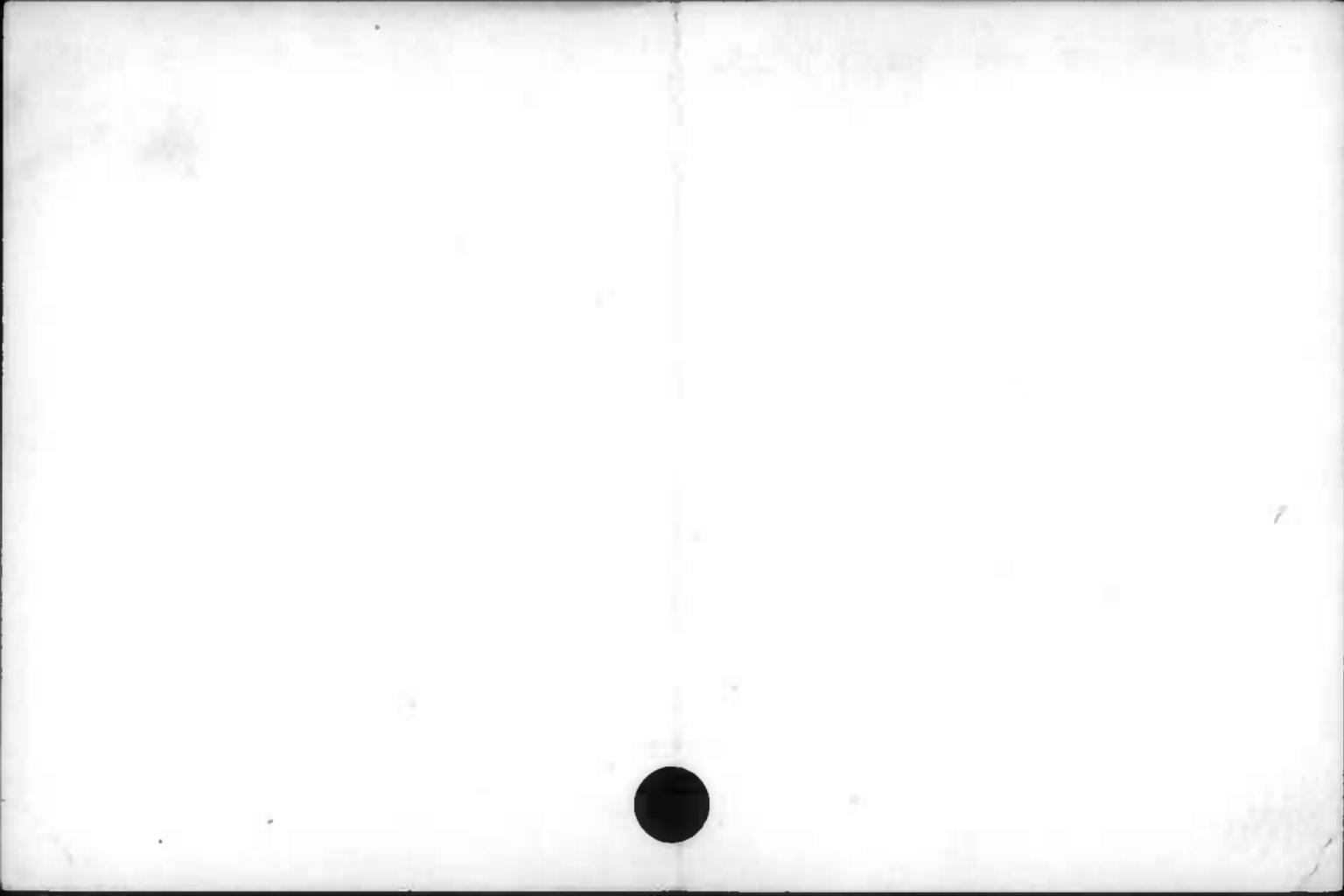
yes

Signature of Physician

Address

R Kemp Jefferson
Federalsburg
Md

Accident or Suicide



Name
in
Full

Harry Willis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Age	Years	Months	Days
Sex	Color or Race	Birth-place				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband		Harriet Emily Willis			
Father's Name	Don't know		Father's Birthplace			
Mother's Maiden Name			Mother's Birthplace			
Name of person giving Information	John W. Willis		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Grippe

Immediate

Pneumonia

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

O. A. Storie
Ridgefield



Accident or Suicide

No

10

How long

2 weeks

How long

2 days



Name
in
Full

Wm. Minner

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
Sex	Male	Color or Race	Age	70	—	—	
Occupation	Laborer		Where Residing if not at place of death	Greensboro -			
Married, Single or Widowed	Widow	Name of Wife or Husband	Wife ofas Ann E. Siffler				
Father's Name	Thos. Minner		Father's Birthplace	Gre			
Mother's Maiden Name	dout know		Mother's Birthplace	Gre			
Name of person giving Information	Matthew Minner		How related to deceased	Son			

CAUSES OF DEATH

10

How long

3 mos.

How long

10 days

PHYSICIAN
OR CORONER

H

Primary

Grip

Immediate

Pneumonia

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

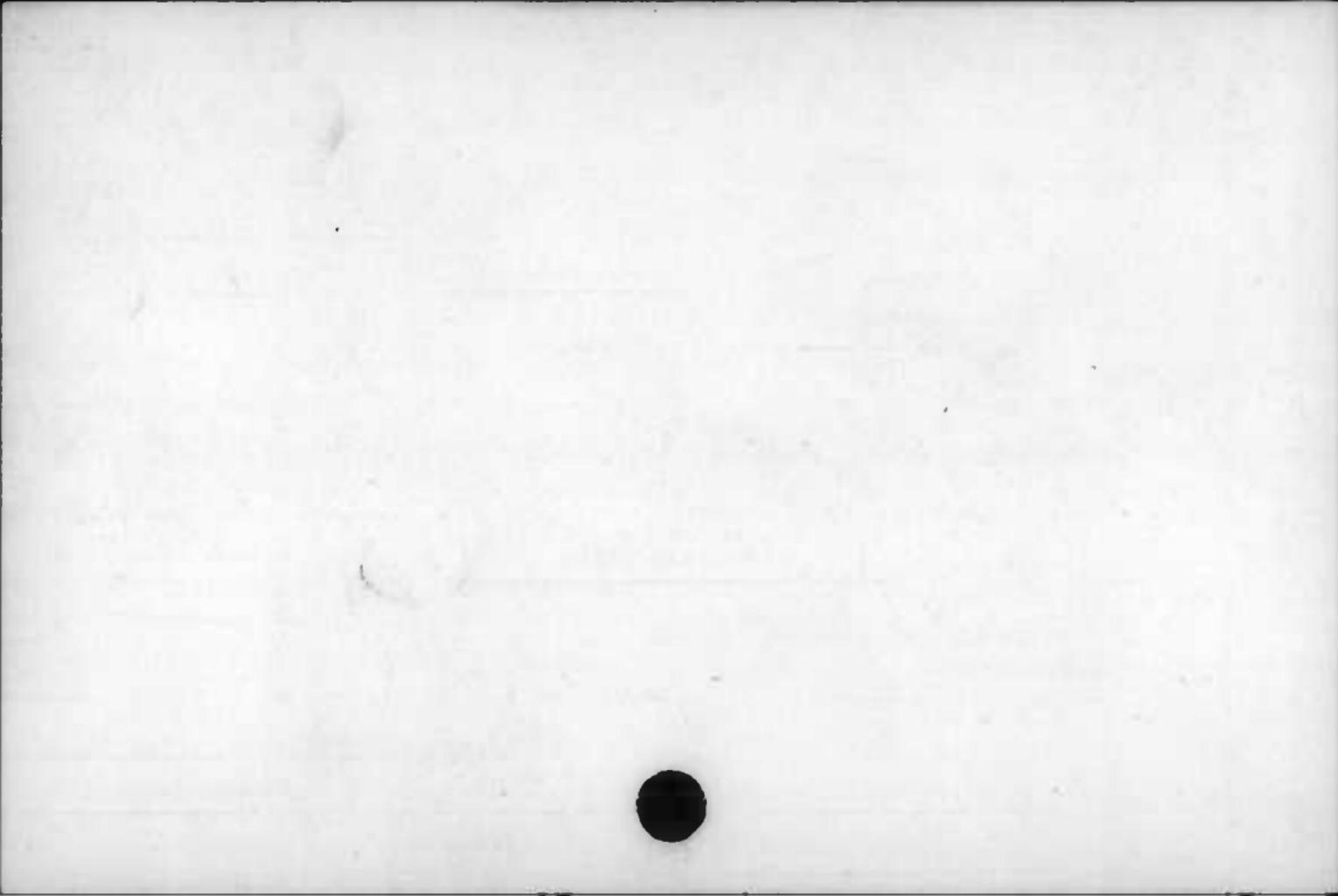
Dr. R. M. Minner

Address

Greensboro

MD.

Accident or Suicide?



Name
in
Full

Fredrick J. Wright

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town Suckahoe Station

County Carolina

MARYLAND

Date
of death 1910

Month March

Day 22

Years 20

Months 6

Days

Sex male

Color or
Race

White

Birth-
place

Maryland

Occupation

Station agent

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Jas. E. Wright

Father's
Birthplace

Maryland

Mother's
Name

Mary C. Cooper

Mother's
Birthplace

Md

Maiden Name

Jas. E. Wright

How related
to deceased

Father

Primary

CAUSES OF DEATH

Burned to death in a
fire at Suckahoe station

165

How long

Immediate

1

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Henry Wilkinson
Coroner

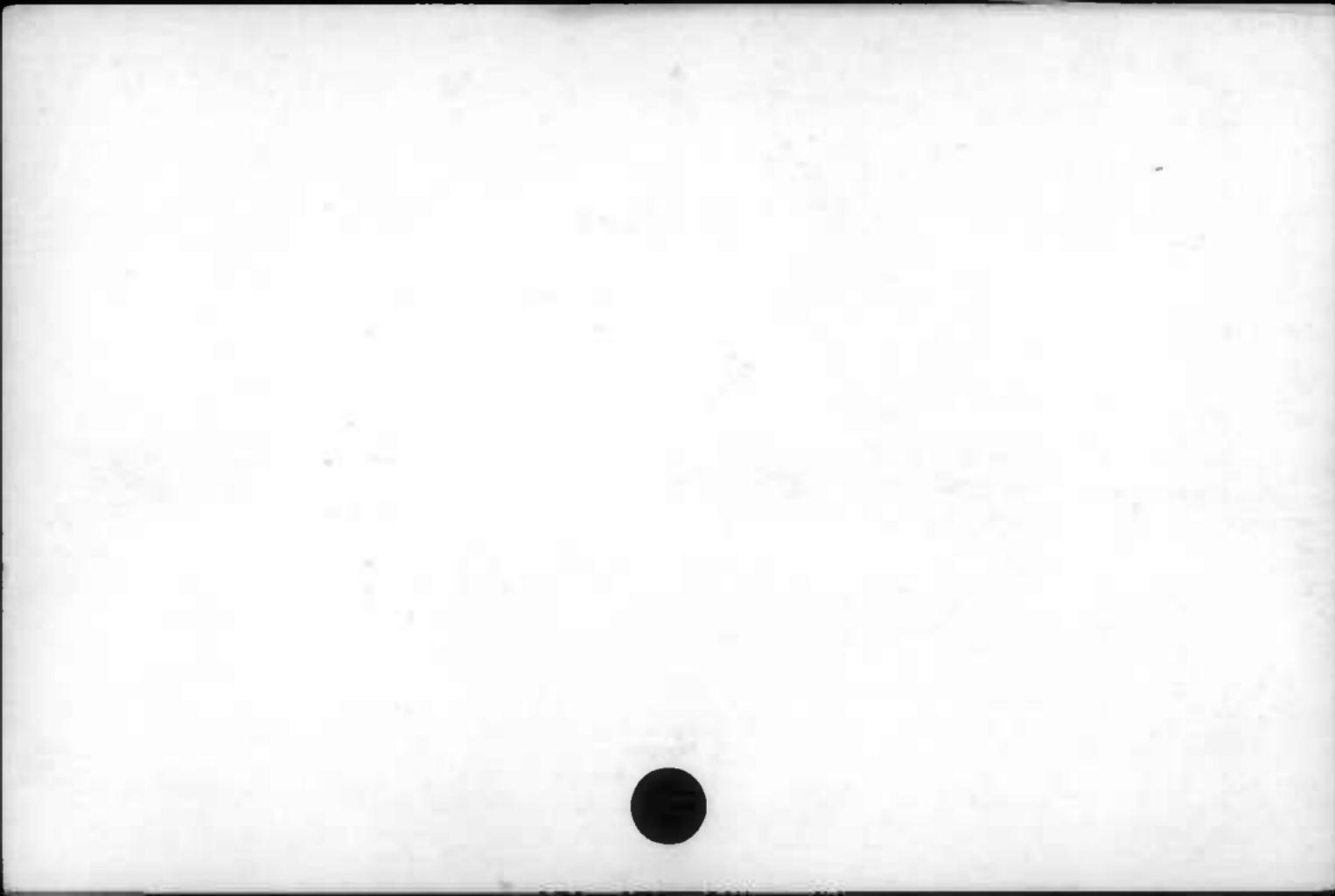
Accident or Suicide

accident

Ridgely Md

PHYSICIAN
OR CORONER

H



Name
in
Full

Mary Jane Wright.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died st	Town	County	MARYLAND
Date of death 190	Month 3	Day 8	Years 79
Sex Female	Color or Race White	Birth-place Md	Months —
Occupation Housewife	Where Residing if not et place of death Same	Days —	
Married, Single or Widowed Widow	Name of Wife or Husband John H Wright	Father's Name Same	Father's Birthplace Md.
Mother's Maiden Name Same		Mother's Name Same	Mother's Birthplace Same
Name of person giving Information S. J. Huttle		How related to deceased Not related	

CAUSES OF DEATH

79

How long

One year

How long

P. P. Fisher
Residence
Md

PHYSICIAN
OR CORONER

Primary

Heart Disease

Immediate

Same

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide

Ms

